STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Requirements for Third Party Liability - Identifying Liable Resources.

1. The following are the Data matches conducted by Medicaid:

    a. SOURCE
        Employment Security Wage Records File
        IV-D Eligibility File
        IV-A Eligibility File
        PURPOSE
        To match all Medicaid eligibles to a responsible absent
        parent (IV-D) and then match against the employment
        security wage file by Social Security number to see if
        the responsible party is employed. A form is produced
        which is mailed to the employer to determine if there is
        health insurance available through the employer to cover
        the Medicaid eligible.
        FREQUENCY
        Quarterly

    b. SOURCE
        Washington State Department of Personnel
        IV-D Eligibility File
        IV-A Eligibility File
        PURPOSE
        To match all Medicaid eligibles with responsible absent
        parent (IV-D) or parent (IV-A) by Social Security number
        to determine if they are employed by the State of
        Washington, A report is produced by covering insurance
        company and is then mailed to the employer to verify
        coverage dates.
        FREQUENCY
        Quarterly

    c. SOURCE
        Department of Labor and Industries
        PURPOSE
        To match names and Social Security numbers of Medicaid
        recipients with records of those with employment related
        injuries or illnesses.
        FREQUENCY
        Annually

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d.   A data match was attempted with motor vehicle accident
      records, however, their computer files do not contain
      Social Security numbers, birth dates or other information
      that would be matchable with Medicaid records.

      Claims, with diagnosis codes within the 800-999 (ICD9CM)
      series that have been determined to be cost effective to
      pursue, suspend during each adjudication cycle of claims
      processing for investigation of other resources.   A
      waiver has been obtained from HCFA Regional Office for
      items determined not cost effective to pursue.

      Follow-up is done by forwarding to the recipient the
      Medical Recovery Information Form (T-2).   When the
      recipient returns the T-2 form it is reviewed for
      completeness.   TPL information is entered into the TPL
      masterfile in the MMIS. If the recipient fail to respond
      to the first mailing within 30 days, a second T-2 form is
      sent.   After an additional 30 days, if no response has
      been received, phone contacts are made with provider,
      recipient or other parties that may have information
      regarding the accident.   All information received
      regarding liable third parties are entered into the TPL
      masterfile no later than 30 days after receipt.

2.   Within 30 days of receipt of information from above referenced
      Data Matches and 60 days of receipt of health insurance
      information, a file is set up in the Third Party data base to
      affect claims processing.

      When a data match form or health insurance form is received
      with complete information, the information from the form is
      entered into the third party data base immediately.

      When incomplete information is received, contacts are made by
      phone or mailed to obtain complete information for
      entering into the data base within the above prescribed time
      frames.

      Contact include the:
      a.   Recipient, Absent Parent, Parent
      b.   Employer
      c.   Insurance Company
      d.   Providers

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3. A quarterly report of all diagnosis codes within the 800-999
    (ICD9CM) series is reviewed to determine cost effectiveness.
    The report shows TPL savings for the quarter for each of the
    codes. Codes which show minimal or no TPL savings for one
    year are reviewed and dropped from the suspense criteria. A
    waiver has been received from HCFA Regional Office. All
    claims processed within this series (which are determined cost
    effective to pursue) are suspended and an investigation
    completed to determine if there are other resources available
    for payment. Information from the insurance company,
    attorney, or other resource is entered into the third party
    data base during any of the adjudication cycles (3 times
    weekly).